

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			
		NICKNAME LAST SUFFIX		Date Received	
				<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 19 2019 City Secretary's Office 1:37pm JAB </div>	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year		Receipt # Amount \$	
		03 / 27 / 18 THROUGH 04 / 25 / 19		Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

Added the full date on monetary contributions - Schedule A1
from corrected affidavit from Sept 12, 2018

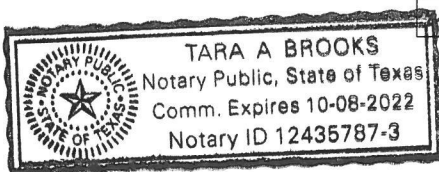
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Carol A Merla
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carol A Merla, this the 19th day of February, 2019, to certify which, witness my hand and seal of office.

Tara Brooks
Signature of officer administering oath

Tara Brooks
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

04/18
04/03/18

KATHRYN LAMBERT

6 Contributor address;

City; State; Zip Code

GRAPEVINE TX 76051

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

05/18
05/00/18

LINDA & KURT TROESER

Contributor address;

City; State; Zip Code

GRAPEVINE TX 76051

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

04/2018
04/07/18

EDIE GILLETTE (ANONYMOUS)

Contributor address;

City; State; Zip Code

2945 SILVERCREST GRAPEVINE TX 76051

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

04/2018
04/16/2018

Cathy & Mike Bosick (Taylor)

Contributor address;

City; State; Zip Code

3115 Willow Bend Bedford TX 76021

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

2800 Summit Ridge, Grapevine TX 76051

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

PAUL SCHAEFER

Contributor address;

City; State; Zip Code

GRAPEVINE TX 76051

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

SKIP RICE

Contributor address;

City; State; Zip Code

GRAPEVINE TX 76051

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

—

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME		LAST	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 12 2018 City Secretary's Office 2:35 pm JAB </div>
	<input checked="" type="checkbox"/> Other (specify) <u>April 27</u>		Date Hand-delivered or Date Postmarked Receipt # Amount \$		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	03	27	2018	04	26
THROUGH					
			Date Processed		
			Date Imaged		

6 EXPLANATION OF CORRECTION

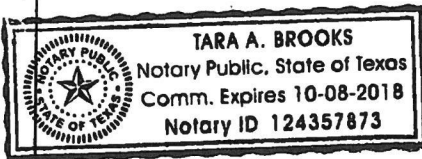
April 27th was not signed - correcting with this amendment,

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carlos Merla, this the 12th day of September, 20 18, to certify which, witness my hand and seal of office.

Tara A Brooks

Signature of officer administering oath

Tara A Brooks

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Carlos

A

Merla

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2220 Brookcrest Lane
Grapevine Tx 76051

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682) 551-4020

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Carlos

A

DeLeon

OFFICE USE ONLY

Date Received

RECEIVED

APR 27 2018

City Secretary's
Office

10:58 am JAB

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2701 N. Grapevine Mills Blvd 2614
Grapevine Tx 76051

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 688 7003

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

03 / 27 / 2018 THROUGH 4 / 26 / 2018

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Place 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Charles A Merla

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 932.15

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1500

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2530.98

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 215.79

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

- | | |
|---|------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1500 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2530.98 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Carlos Merla		3 Filer ID (Ethics Commission Filers)	
4 Date 3/29/18		5 Payee name Wine Fusion Winery			
6 Amount (\$) 256.50		7 Payee address; City; State; Zip Code 603 S. Main St Suite 304 Grapevine Tx 76051			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense Food / Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/18/18		Payee name NJ Graphic Design, Inc.			
Amount (\$) 1541.48		Payee address; City; State; Zip Code 203 E. Worth St Grapevine, Tx 76061			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/20/18		Payee name Impact Signs & Graphics			
Amount (\$) 433.00		Payee address; City; State; Zip Code 541 Industrial Blvd Ste A Grapevine Tx 76051			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Carlos Merla</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/25/18</i>		5 Payee name <i>AMBUCS</i>			
6 Amount (\$) <i>300</i>		7 Payee address; City; State; Zip Code <i>2150 W. Northwest Hwy Suite 114 # 1089 Grapevine Tx 76051</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Contributions</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Carlos Merla

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Stormtex Roofing LLC

7 Amount of contribution (\$)

\$ 300

6 Contributor address; City; State; Zip Code

2922 Canyon Dr
Grapevine Tx 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/18

Full name of contributor

☐ out-of-state PAC (ID#:

Whitlock Building Services LLC

Amount of contribution (\$)

\$ 200

Contributor address; City; State; Zip Code

PO Box 3855
Grapevine Tx 76099

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/18

Full name of contributor

☐ out-of-state PAC (ID#:

Tri Van Roofing & Waterproofing

Amount of contribution (\$)

\$ 1,000

Contributor address; City; State; Zip Code

753 Port America Place
Grapevine Tx 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 04/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHRYN LAMBERT 6 Contributor address; City; State; Zip Code 8612 Kirk H. Richmond GRAPEVINE TX 76051	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA & KURT TROESER Contributor address; City; State; Zip Code 319 PEBBLE BROOK GRAPEVINE TX 76051	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDIE GILLETTE (ANONYMOUS) Contributor address; City; State; Zip Code 2945 SILVERCREST GRAPEVINE TX 76051	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy & Mike Bosick (Taylor) Contributor address; City; State; Zip Code 3115 Willow Bend Bedford TX 76021	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-family: cursive; font-size: 1.2em;">MARQIE SALAME (ANONYMOUS)</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 50.00</div>
	6 Contributor address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">2800 Summit Ridge, Grapevine TX 76051</div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-family: cursive; font-size: 1.2em;">PAUL SCHAEFER</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 100.00</div>
	Contributor address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">3137 Fox Run Grapevine TX 76051</div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-family: cursive; font-size: 1.2em;">Skip Rice</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 100.00</div>
	Contributor address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">1600 Airport Freeway Grapevine TX 76051</div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/18	KATHRYN LAMBERT 6 Contributor address; City; State; Zip Code 8612 Kirk H. Richmond 76180 GRAPEVINE TX 76051	\$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
05/18	LINDA & KURT TROEGER Contributor address; City; State; Zip Code 319 PEBBLE BROOK GRAPEVINE TX 76051	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
04/20/18	EDIE GILLETTE (ANONYMOUS) Contributor address; City; State; Zip Code 2945 SILVERCREST GRAPEVINE TX 76051	\$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
04/2018	Cathy & Mike Bosick (Taylor) Contributor address; City; State; Zip Code 3115 Willow Bend Bedford TX 76021	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

